

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024087

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 264 Primary Registration District No. 5888 Registrar's No. 31

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0770

2 0770

3

4 0

5 1

6

7 0

8 2

9 4201

10

11

12 90-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 18 1962

## 1. PLACE OF DEATH

a. COUNTY

Ozark

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Big Creek TwpLength of stay in 1b  
Lifec. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION HomeInside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Ozark

c. CITY  
OR TOWN TheodosiaInside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Big Creek TwpReside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Kelly Vernon Peacock

## 4. DATE OF DEATH

Month

Day

Year

June 5-1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-25-1889

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer10b. KIND OF BUSINESS OR INDUSTRY  
Own11. BIRTHPLACE (City and state or country)  
Theodosia Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Joseph Peacock

## 13b. MOTHER'S MAIDEN NAME

Florence MerriTT

## 14. NAME OF HUSBAND OR WIFE

Florence Peacock

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Florence Peacock Theodosia Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Coronary Arteriosclerosis

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐ NONE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year

a.m. p.m. NONE

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 4-7-62 to 6-5-62 and last saw him alive on 6-5-62

Death occurred at 10:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

W.D. Saul, M.D.

## 22b. ADDRESS

609 Cherry Springfield, Mo.

## 22c. DATE SIGNED

6/7/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

6-8-62

## 23c. NAME OF CEMETERY OR CREMATORY

LuTi

## 23d. LOCATION (City, town, or county)

Ozark Co. Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Clinkingbeard Gainesville Mo.

## 25. DATE RECD. BY LOCAL REG.

6/11-62

## 26. REGISTRAR'S SIGNATURE

LouAnna Wade

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John R. Usrey*

Licensed Embalmer No.

*4885*

P. O. Address

*Hamemville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*No permit obtained 028*